

Cement Masons Health & Welfare Trust Fund for Northern California

Health and Welfare Plan

INFORMATION PRIVACY NOTICE

March 1, 2009

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) grants you certain privacy rights with respect to the Health Information about you that is maintained by the Cement Masons Health and Welfare Trust Fund for Northern California, Health and Welfare Plan (the Plan). In addition, HIPAA requires that the Plan comply with rules designed to protect this information from improper uses and disclosures. One of your rights under HIPAA is to know how the Plan handles your Health Information. This Notice explains how the Plan uses and discloses your Health Information, and what rights you have with respect to your Health Information. The Plan may change this Privacy Notice in the future, but it must always follow the terms of the Privacy Notice in effect. This Privacy Notice applies to the Plan listed above, which is a member of an "Organized Health Care Arrangement." Therefore, the terms "Plan," "Plan Administration Team," and "Team Member" must be construed to apply to the plan listed above in which you are a participant.

If you have any questions about this notice, please contact HIPAA Compliance Director, Northern California Cement Masons Funds Administration Inc., 220 Campus Lane, Fairfield, CA, 94534.

WHO SEES MY HEALTH INFORMATION?

The Plan Administration Team includes all Individuals who must see Health Information that can be linked to an Individual ("Protected Health Information") in order to operate the Plan. Certain members of the Team are Laborers Funds Administrative Office of Northern California, Inc. employees. The Laborers Funds Administrative Office of Northern California, Inc. acts as a third-party administrator for the Northern California Cement Masons Funds Administration Inc., which the Cement Masons Health and Welfare Trust Fund for Northern California has entered into an agreement with to provide administrative services. Certain members of the Team are employees of outside businesses that help operate the plan. In order to serve as a Team Member, an Individual must complete extensive training about privacy and security procedures. All Team Members are prohibited by law from using Protected Health Information for improper purposes. Each Team Member understands that a violation of the Plan's privacy and security procedures may result in disciplinary actions. Therefore, Team Members take the privacy of your information very seriously.

OUR PROMISE TO YOU

As Plan Administration Team Members, we understand that your health and medical information is private information. The Cement Masons Health and Welfare Trust Fund for Northern California, Health and Welfare Plan is 100 percent committed to using the Health Information we obtain about you only for the purposes of treatment, paying benefits, and operating the Plan as expressly permitted or required by Law. We will only use the Protected Health Information we obtain for a different purpose if you expressly authorize us to do so.

OTHER PRIVACY NOTICES

Your doctors, nurses, hospitals or other health care providers may provide you with privacy notices required by HIPAA as well. These privacy notices will differ from this one because they discuss how the health care providers use your Health Information. Please note that this notice applies only to the Protected Health Information obtained and maintained by the Plan. Therefore, it describes your rights with respect to the Health Information about you that is maintained by the Plan, and how the Plan may use and disclose that Health Information.

HOW WE USE AND DISCLOSE THE HEALTH INFORMATION WE OBTAIN

Team Members only use and disclose Protected Health Information in ways that are expressly permitted by HIPAA. The sections entitled Treatment, Payment and Health Care Operations describe how we use and disclose the Health Information we obtain about you (your “Health Information”). Some of these uses and disclosures are routine, and are necessary in order to run the Plan, and to provide assistance to the health care providers who treat you. Others are not routine, but are Required by Law or necessary due to special circumstances. The Plan has developed procedures for all of these uses and disclosures. The Health Plan listed above is a member of an “Organized Health Care Arrangement.” Therefore, the Health Plan may share your information with members for purposes of Treatment, Payment and Health Care Operations.

Treatment. Team Members may use or disclose your Health Information to facilitate medical Treatment or services by your health care providers such as doctors, nurses, technicians, medical students, other hospital personnel or pharmacists who are involved in taking care of you.

Payment. Team Members may use and disclose your Health Information in order to determine your eligibility for Plan benefits, to process claims for Payment for your Treatment, or to determine whether any other plan or party might be responsible for paying for the Treatment. For example, a Team Member must review Health Information about you that is contained on a bill for Treatment in order to determine whether the Treatment is a covered expense under the Plan. Sometimes a Team Member might need to obtain information from the health care provider and from your existing file to determine whether the Treatment provided was medically necessary, or experimental and investigative. One Team Member might need to send the information to another Team Member who is a medical specialist to get a medical opinion about the nature of the claim. These are just some examples of how Team Members use and disclose your Health Information in order to make sure the Plan pays benefits properly.

Health Care Operations. Team Members may use and disclose your Health Information in order to operate the Plan. For example, Team Members may review your Health Information in order to:

1. Conduct quality assessment and improvement activities;
2. Perform underwriting, premium rating, and other activities relating to Plan coverage;
3. Submit claims for stop-loss (or excess loss) coverage;
4. Conduct or arrange for medical review, legal services, audit services, and fraud and abuse detection programs;
5. Learn about ways to manage costs; and to
6. Manage the business of the Plan and make sure it is administered properly and effectively.

Required By Law. Team Members will disclose your Health Information when required to do so by federal, state or local law. For example, a Team Member will disclose information about medical bills submitted by your health care provider pursuant to a court order in a litigation proceeding alleging that the provider has fraudulent billing practices.

To Prevent Serious Threats to Health or Safety. Team Members may use and disclose your Health Information in order to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any such disclosure would only be to a person who is able to help prevent the threat.

Laborers Funds Administrative Office of Northern California, Inc., Employee Team Members. As mentioned above, certain employees of Laborers Funds Administrative Office of Northern California, Inc. serve as Plan Administration Team Members. Your Protected Health Information will only be used and disclosed by these employees for plan administrative purposes.

SPECIAL SITUATIONS

Organ and Tissue Donation. If you are an organ donor, we may release your Health Information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, in order to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces of the United States or any other country, we may release your Health Information if Cement Masons Health and Welfare Trust Fund for Northern California, Health and Welfare Plan is required to by the appropriate military command authorities.

Workers' Compensation. Team Members may release your Health Information if required to in order to comply with workers' compensation laws.

Health Oversight Activities. Team Members may disclose your Health Information to a Health Oversight Agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, Team Members may disclose your Health Information in response to a court or administrative order. Team Members may also disclose your Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. If asked to do so by a Law Enforcement Official, a Team Member may release your Health Information under circumstances in response to a court order, subpoena, warrant, summons or similar process.

Coroners, Medical Examiners and Funeral Directors. Team Members may release your Health Information to a coroner or medical examiner. This may be necessary, for example, to identify you if you die or to determine the cause of your death. Team Members may also release your Health Information to funeral directors as necessary to carry out their duties.

YOUR RIGHTS REGARDING THE HEALTH INFORMATION ABOUT YOU THAT WE MAINTAIN

You have the following rights regarding the Health Information the Plan maintains about you:

Right to Inspect and Copy. You have the right to inspect and copy your Health Information that may be used to make decisions about your Plan benefits. To inspect and copy medical information that may be used to make decisions about you, you must complete the Form entitled "Request for Access to Protected Health Information" and submit the Form to **HIPAA Compliance Director, Northern California Cement Masons Funds Administration Inc., 220 Campus Lane, Fairfield, CA, 94534**. If you request a copy of the information, you may be charged a fee for the costs of copying, mailing or supplies associated with your request.

Right to Amend. If you feel the Plan has medical information about you that is incorrect or incomplete, you may ask the Plan to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, you must complete a Form entitled "Request for Amendment of Protected Health Information." This Form is available upon request from **HIPAA Compliance Director, Northern California Cement Masons Funds Administration Inc., 220 Campus Lane, Fairfield, CA, 94534**. Your request for an amendment may be denied if you do not complete this Form. In addition, your request may be denied if you ask us to amend information that:

1. Is not part of the medical information kept by or for the Plan;
2. Was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
3. Is not information which you would be permitted to inspect and copy; or
4. Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures" where such disclosure was made for any purpose other than Treatment, Payment, or Health Care Operations.

To request this list or accounting of disclosures, you must complete the Form entitled "Request for an Accounting of

Disclosures of Protected Health Information” and submit the Form to **HIPAA Compliance Director, Northern California Cement Masons Funds Administration Inc., 220 Campus Lane, Fairfield, CA, 94534**. Your request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). This first list you request within a twelve (12)-month period will be free. If additional lists are requested, the Plan may charge you for the costs of providing the lists. You will be notified of the cost and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information the Plan uses or discloses about you for Treatment, Payment or Health Care Operations. You also have the right to request a limit on the medical information the Plan discloses about you to someone who is involved in your care or the Payment for your care, like a family member or friend. For example, you could ask that we not disclose to your spouse information about a previous surgery you had.

To request restrictions, you must complete the Form entitled “Request for Restriction of Protected Health Information” and submit it to **HIPAA Compliance Director, Northern California Cement Masons Funds Administration Inc., 220 Campus Lane, Fairfield, CA, 94534**.

Right to Request Confidential Communications. If you believe that the normal form of communications of benefit information could endanger you, you have the right to request that the Plan communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must complete the Form entitled “Request for Confidential Communications of Protected Health Information” and submit it to **HIPAA Compliance Director, Northern California Cement Masons Funds Administration Inc., 220 Campus Lane, Fairfield, CA, 94534**. The Plan will not ask you the reason for your request and will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

You may obtain a copy of this notice or any of the request forms at our website, www.norcalcementmasons.org, or to obtain paper copies, contact **HIPAA Compliance Director, Northern California Cement Masons Funds Administration Inc., 220 Campus Lane, Fairfield, CA, 94534**.

CHANGES TO THIS NOTICE

The Plan reserves the right to change this notice. A copy of the current notice is posted on the Cement Masons Health and Welfare Trust Fund for Northern California website.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, contact **HIPAA Compliance Director, Northern California Cement Masons Funds Administration Inc., 220 Campus Lane, Fairfield, CA, 94534**. All complaints must be submitted in writing.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to the Plan will be made only with your written authorization. If you provide the Plan authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that the Plan is unable to take back any disclosures already made with your authorization. To request authorization for use and disclosure of your Protected Health Information, you must complete the Form entitled “Authorization for Use or Disclosure of Protected Health Information” and submit the Form to **HIPAA Compliance Director, Northern California Cement Masons Funds Administration Inc., 220 Campus Lane, Fairfield, CA, 94534**.